104

DORCHESTER HEALTH & REHABILITATION

200 NORTH 7TH AVENUE

Number of Residents on 12/31/01:

STURGEON BAY 54235 Phone: (920) 743-6274 Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/01): 108 Total Licensed Bed Capacity (12/31/01): 144

Ownershi p: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Average Daily Census: ***********************

Corporati on

Skilled

Yes

Yes

107

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	43. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	39. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 0	Under 65	4.8	More Than 4 Years	17. 3
Day Servi ces	Yes	Mental Illness (Org./Psy)	26. 9	65 - 74	12. 5		
Respite Care	No	Mental Illness (Other)	10. 6	75 - 84	32. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	38. 5	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	2. 9	95 & 0ver	11. 5	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	2. 9	ĺ	j	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	9. 6		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	25. 0	65 & 0ver	95. 2		
Transportati on	No	Cerebrovascul ar	5.8			RNs	7. 9
Referral Service	No	Di abetes	1. 9	Sex	% i	LPNs	9. 1
Other Services	No	Respi ratory	2. 9		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	10.6	Male	26. 9	Ai des, & Orderlies	39. 9
Mentally Ill	No			Femal e	73. 1		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare litle 18			edicaid itle 19			0ther]	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	10	100.0	216	69	90.8	99	0	0.0	0	18	100.0	148	0	0.0	0	0	0.0	0	97	93. 3
Intermedi ate				6	7. 9	82	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	5.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	1. 3	120	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		76	100.0		0	0.0		18	100.0		0	0.0		0	0.0		104	100. 0

7. 0

1. 26

7. 3 1. 21

Facility ID: 2780 County: Door Page 2 DORCHESTER HEALTH & REHABILITATION

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti o	ns, Services	, and Activities as of 12/	31/01
Deaths During Reporting Period	l						
		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	1. 5	Daily Living (ADL)	Independent	0ne 0	r Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	4. 5	Bathi ng	0.0		65. 4	34. 6	104
Other Nursing Homes	2. 5	Dressi ng	19. 2		63. 5	17. 3	104
Acute Care Hospitals	56. 4	Transferring	29. 8		49. 0	21. 2	104
Psych. Hosp MR/DD Facilities	0. 5	Toilet Use	20. 2		61. 5	18. 3	104
Rehabilitation Hospitals	0.0	Eati ng	61. 5		28. 8	9. 6	104
Other Locations	34. 7	***************	********	******	******	*********	******
Total Number of Admissions	202	Continence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	5.8	Receiving l	Respi ratory Care	6. 7
Private Home/No Home Health	8.8	Occ/Freq. Incontinent	of Bladder	51.0	Recei vi ng	Tracheostomy Care	1. 0
Private Home/With Home Health	20. 5	Occ/Freq. Incontinent	of Bowel	35. 6	Recei vi ng S	Sucti oni ng	0. 0
Other Nursing Homes	4. 9	_			Recei vi ng (Ostomy Care	2. 9
Acute Care Hospitals	33. 2	Mobility			Recei vi ng	Tube Feedi ng	1. 0
Psych. HospMR/DD Facilities	0. 5	Physically Restrained		5. 8	Recei vi ng 1	Mechanically Altered Diets	46. 2
Rehabilitation Hospitals	0.0				_	-	
Other Locations	3. 9	Skin Care			Other Reside	nt Characteristics	
Deaths	28. 3	With Pressure Sores		6. 7	Have Advance	ce Directives	98. 1
Total Number of Discharges		With Rashes		6. 7	Medi cati ons		
(Including Deaths)	205	ĺ			Recei vi ng l	Psychoactive Drugs	53. 8
-							

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: Propri etary 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 73. 5 80.3 0.92 83. 5 0.88 84. 4 0.87 84. 6 0.87 Current Residents from In-County 84.6 72.7 1. 16 79. 2 1. 07 75. 4 1. 12 77. 0 1. 10 Admissions from In-County, Still Residing 20.3 18. 3 1. 11 22. 5 0.90 22. 1 0.92 20.8 0. 98 Admissions/Average Daily Census 188.8 139.0 1.36 125. 7 1.50 118. 1 1.60 128. 9 1.46 Discharges/Average Daily Census 191.6 139.3 1.38 127. 5 1. 50 118.3 1.62 130.0 1.47 Discharges To Private Residence/Average Daily Census **56**. 1 58. 4 0.96 51.5 1.09 46. 1 1. 22 52. 8 1.06 Residents Receiving Skilled Care 93. 3 91.2 1.02 91. 5 1. 02 91.6 1.02 85. 3 1.09 Residents Aged 65 and Older 95. 2 96. 0 0.99 94. 7 1.01 94. 2 87. 5 1.01 1.09 Title 19 (Medicaid) Funded Residents 73. 1 72. 1 1.01 72. 2 1.01 69.7 1.05 68. 7 1.06 Private Pay Funded Residents 17.3 0.93 21. 2 22. 0 18. 5 0.93 18. 6 0.82 0.79 Developmentally Disabled Residents 1.0 1.0 0.97 1.34 0.8 1. 22 7. 6 0. 13 0. 7 Mentally Ill Residents 37. 5 36. 3 1.03 35. 8 1. 05 39. 5 0.95 33. 8 1. 11 General Medical Service Residents 10.6 16.8 0.63 16. 9 0.63 16. 2 0.65 19. 4 0. 54 49.3 Impaired ADL (Mean) 47. 1 46.6 1.01 48. 2 0.98 48. 5 0.97 0.96 Psychological Problems 53.8 47.8 1. 13 48. 7 1. 11 50.0 1.08 51. 9 1. 04

8. 9

1. 24

6. 9 1. 28

7. 1

Nursing Care Required (Mean)